									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									37354-228					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		YITIY	OR		THAN ENTITY	
TOTAL CLAIMS			20			·		RATE	Ē	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		. 7			X\$ 9=			OR	XS18=	0	
INDEPENDENT CLAIMS			/ minus 3 =		. 0			X43=			OR	X86=	0	
м	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=	D	
* If the difference in column 1 is less than zero, enter "0" in column 2							ŧ	TOTAL			OR	TOTAL	110	
CLAIMS AS AMENDED - PART II											,	OTHER		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.22	Minus	100	0	-a		X\$ 9=			OR	50 X\$ <del>10</del> =	1001	
	Independent	· 1	Minus	***	1	=	Ī	X43=	1		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=		
									u l			TOTAL		
		A	ODIT. FE	EL		10	ADDIT. FEE							
AMENDMENT B		(Column 1)		(Colum	ST	(Column 3)	Г	_	Т	ADDI-	_ F		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL FEE	İ	RATE	TIONAL FEE	
	Total		Minus	**		-		X\$ 9=	1		OR	X\$18=		
	Independent		Minus	***		=	T	X43=	Ť		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									†		OR	+290=		
							L	+145=	╁		_ <b>L</b>	TOTAL		
									E L		υn <sub>Δ</sub>	ODIT. FEE		
	`	(Calumn 1)	(Column 3)	_				_						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		= .	r	X\$ 9=	T		OR	X\$18=		
	Independent	*	Minus	***		=	$\vdash$	X43=	t			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR			
• н	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
11	"If the "Highest Number Previously Pald For' IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE		
		ber Previously Paid					loun	d in the a	bbro	priate box	in calu	ma 1.	l	